



# Occupational Health and Wellbeing

This procedural document supersedes: CORP/EMP 31 v 1 Health and Wellbeing Policy



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## Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

[Note: please record the latest version number first. For a new procedural document, enter 'this is a new procedural document, please read in full' - example below:]

<b>Version</b>	<b>Date Issued</b>	<b>Brief Summary of Changes</b>	<b>Author</b>
Version 2	February 2024	<ul style="list-style-type: none"> <li>• Revised Policy please read in full</li> </ul>	Michael Shanaghey/Gavin Portier
Version 1	January 2015	<ul style="list-style-type: none"> <li>• This is a new policy please read in full</li> </ul>	Helen Houghton

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## 1 INTRODUCTION

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH) is committed to providing an inclusive and supportive working environment for all employees.

The NHS 'People Plan' outlines actions to support transformation across the whole NHS. This includes ambitions around mental health and wellbeing that aim to create a culture of wellbeing across the NHS where people feel looked after and cared for.

People employed by the NHS, deserve a comprehensive package of emotional, psychological and practical health and wellbeing support. The delivery of the objectives in this policy requires the departments of Occupational Health, Equality Diversity and Inclusion and Health and Wellbeing to work collaboratively to support, advise, provide direction and guidance for people and managers about how to achieve their optimum physical and mental health and wellbeing. It is essential that the people within this organisation are fully aware of what resources are available and how it can support them to improve their health and wellbeing.

The health and wellbeing of our people is key to assist with the improvement in patient outcomes, including mortality rates. Many of the health and wellbeing issues nationally can be attributable to worsening public health with poor diets, growing obesity, smoking, increased alcohol intake, reduced mental wellbeing and more sedentary lifestyles. Doncaster and Bassetlaw Teaching Hospitals NHS FT (DBTH) is committed to providing support and opportunities for colleagues to maintain their health and wellbeing and being in work is better for health than being out of work.

As part of its duty of care, managers must encourage and educate people to take more personal responsibility for their lifestyle choices which can impact on their health and wellbeing. If colleagues are fit and healthy, they are less likely to take time off sick. Improved health and wellbeing of colleagues leads to increased safety, greater loyalty, increased productivity and better patient care. A focus on health and wellbeing can develop and sustain a strong workforce for the future.

## 2 PURPOSE

The purpose of this policy is to:

- Raise awareness and provide guidance on issues relating to health and wellbeing in recognition of DBTH's role in improving people's health
- Encourage adoption of a proactive approach to prevent and minimise the risks associated with poor health and wellbeing within the workforce
- Help promote a culture of health within the organisation
- To comply with NICE guidance
- Create a supportive environment that enables people to be protected from workplace harm, and proactive in supporting their own health and wellbeing.

Beyond their legal obligations, DBTH is committed to ensuring the physical and mental health of people is maintained. The Trust will aim to ensure a healthy, motivated, and committed workforce, which in turn will deliver high quality services.

This policy should be read in conjunction with other policies and procedures (see Associated Documentation and References)

This policy document is not exhaustive and if in any doubt, Occupational Health or the Wellbeing Team should be consulted.

Policy review every two years or as appropriate.

### **3 DUTIES AND RESPONSIBILITIES**

#### **3.1 Board of Directors**

The responsibilities of the Board of Directors are as follows:

- To give assurance that the Trust has effective policies in place relating to mental and physical health, including stress, which are being implemented across the organisation.
- To support health and wellbeing campaigns.

#### **3.2 Chief Executive**

The Chief Executive has overall responsibility for Health, Safety and Welfare for all people working at DBTH NHS FT.

- To ensure there is an effective health and wellbeing policy, which has been approved by the Board of Directors, and the policy is revised as appropriate.
- To provide the necessary resources to enable the policy to be implemented
- To support health and wellbeing campaigns.

#### **3.3 Directors**

The responsibilities of Directors are as follows:

- To ensure colleagues awareness of this policy within their own divisions, departments or areas of responsibility and to take note of, and act upon information and recommendations received.
- To provide the necessary resources to enable the policy to be actioned.
- To ensure that communication is maintained.
- To be proactive in health and wellbeing campaigns e.g. influenza.

#### **3.4 Managers and Supervisors**

Managers and Supervisors are responsible for the people under their control, Wellbeing Champions can support with health and wellbeing initiatives, and their responsibilities are to:

- Carry out risk assessments in relation to health if any problems are highlighted, ensuring any actions are implemented as agreed.
- Ensure all colleagues are aware of, understand and follow this policy when required.
- Communicate with colleagues regarding their health and wellbeing when appropriate.
- Help colleagues to manage their own health both physical and mental health/stress by early recognition and appropriate intervention.
- Utilise appropriate Trust policies. e.g. appraisal, carers leave, menopause, etc.
- Ensure colleagues know that they can talk confidentially if required.
- Refer or ask for advice for colleagues when indicated e.g. Occupational Health or HR.
- Ensure that colleagues suffering from mental health problems are treated fairly and consistently and are not discriminated against in any way.
- Deal with sickness absence in accordance with the Trust's Sickness Absence Policy.
- Monitor sickness absence and refer on to OHS appropriately. See fast track procedure (colleagues phoning in sick with MSK or Stress EAP contact details offered are required to be fast tracked to OHS for assessment if appropriate).
- Managers should offer support to colleagues if mental health issues are identified. If work related stress is found to be a cause, an individual stress risk assessment will be carried out. During this process managers should discuss concerns/changes/sickness absence etc. and offer support by referring to OH or signposting to the EAP
- To actively support health and wellbeing campaigns and encourage colleagues who wish to engage e.g. influenza programme.
- Identify relevant training to support their own knowledge of health and wellbeing i.e., stress management / mental health so they are fully equipped to support colleagues.
- Foster open confidential and trusting relationship to allow colleagues to talk openly about any health and wellbeing concerns.
- Openly encourage all colleagues to take planned breaks, away from the working environment.
- Promote a culture based on trust, confidentiality, support and mutual respect, which will allow employees with mental health problems to be able to report difficulties without fear of discrimination or reprisal.

### 3.5 Employees

It is the responsibility of all employees to:

- Be aware of and apply all Trust policies.
- To consult in confidence, the Occupational Health Service, your own GP or access other suitable support if suffering from both physical and mental health/stress problems.

- To have an awareness of and support other colleague's health and wellbeing.
- To identify and access relevant training to increase knowledge around health and wellbeing.
- Bring any significant issues or concerns about yourself or colleagues to the attention of your line manager or supervisor.
- Consider if there are any particular actions that you or your manager could support your physical mental wellbeing.
- To be pro-active in their health and wellbeing.
- To take planned breaks away from the working environment.
- To take annual leave at regular intervals throughout the year.

### 3.6 Inclusion and Wellbeing

The Trust Health & Wellbeing provision described in its People Strategy and the delivery of it is monitored against its Health & Wellbeing Diagnostic Framework. This diagnostic framework is aligned with the NHS model describing what 'good' looks like. It provides a view of where the organisation should prioritise its health and wellbeing efforts and will give you an understanding of health and wellbeing within the context of your organisation and diversity of your NHS people.

As part of the operational delivery of this strategy, the Trust is;

- Promoting health and wellbeing across the organisation
- Providing programmes of support to assist colleagues in improving their health and wellbeing including diet, physical activity, smoking, alcohol, the menopause, improving mental and physical health.
- Ensuring commitment is maintained for delivering on the Public Health responsibility deal.
- Promoting active travel – including the cycle scheme walking routes, secure bike storage and taking the stairs.
- Reporting annually to trust board on health safety and wellbeing achievements.
- Providing specialist advice and signposting colleagues appropriately to other services e.g. Physiotherapy, Wellbeing clinics.

### 3.7 Occupational Health Service

The OHS will:

- Treat all people equally, irrespective of gender, race, ethnicity or nationality, disability, religious beliefs, sexual orientation or age.
- Assess and triage referrals received, (self or manager) Initiate fast track process when contacted by managers or colleagues members first day of absence.
- Signpost or refer individuals for appropriate intervention.
- Support individuals experiencing physical and mental health problems to remain at work and keep a healthy work/life balance.
- Support individuals throughout their sickness or absence from work and advise them and their managers on a risk-assessed return to work.
- Consult with colleagues to identify health needs.
- Provide specialist advice as appropriate re physical health and awareness on mental health issues.
- Promote Remploy Mental Health and Work Scheme.

- Develop action plans for Immunisation Programme.

### 3.8 Trade Unions

Trade Unions will:

- Represent colleagues in the making and maintenance of agreements and to facilitate effective co-operation.
- Investigate complaints relating to health and safety and welfare at work, accident hazards and dangerous occurrences.
- Refer colleagues to Occupational Health Service if they have concerns about their health.
- Highlight areas of concern relating to health issues.
- Support health campaigns.

### 3.9 Health & Safety

Health and Safety department will:

- Process and act upon any incidents reported as per policy in relation to Datix form.

### 3.10 People Business Partners

People Business Partners will:

- Refer any employee to Occupational Health Service, with their consent.
- Give advice to Managers on the implementation of this policy.
- Advise colleagues to attend any relevant training available on stress and mental health.
- Will support managers to implement the fast-track process and appropriate timely referrals.
- Attend case review meetings, monitoring patterns and trends in sickness absence.
- Provide information re Employee Assistance Provider (EAP), Remploy scheme and wellbeing support.
- Deliver Sickness Absence Policy training to managers.

## 4 PROCEDURE

All Trust people and external contracts (if covered by their SLA) need to be aware of this document and implement the procedures described within it.

For the purposes of this policy, this section has been split into three areas: Prevention, Recognition/Identification and Intervention.

### 4.1 Prevention

The Trust will ensure both its people and managers have an awareness of causes of excessive pressures at work and how education and building up resilience to deal with the constant challenges and changes is available for colleagues.



**Recruitment** – The Trust will take care to recruit people, who have the correct skills, experience and qualifications for the job.

**Communication** – Good levels of communication should be maintained, with additional support emphasis being given at times of organisational change. Maintain effective communication at all times, and this should be ‘face-to-face’ communication whenever possible. Effective communication reduces unnecessary uncertainty and contributes to the prevention of stress, especially during organisational change.

Use positive feedback, any negative feedback should be constructive. Managers should seek to consult and involve colleagues at the earliest appropriate stage in decisions that affect them.

**Capability** - Manage poor performance and attendance effectively in order to prevent unnecessary pressures on colleagues in teams in accordance with the Trust’s Capability Policy.

**Working time** – Manager should monitor and review the workload and working time of colleagues, to ensure that neither becomes excessive. Colleagues are expected to take personal responsibility to ensure they are not working excessive hours and take regular allocated breaks. Problems should be escalated to the immediate line manager in the first instance.

**Trust Appraisals** – The Trust provides opportunity for colleagues to discuss their work, training, job role, objectives and health and wellbeing etc. at appraisals and one to ones. Wellbeing conversations are expected to take place throughout the year also.

**Bullying/Harassment** – The Trust will deal with any form of bullying, harassment or discrimination in the workplace in accordance with the policy: Dignity at Work (Bullying and Harassment) Policy. In addition, equality and diversity champions are available to access (for support/signposting/team coaching/mediation), Freedom to Speak-up Guardian, Head of Inclusion and Wellbeing and EAP counselling services.

## 4.2 Recognition/Identification

There is a joint responsibility to recognise mental health issues in the workplace as early as possible. Managers have a key role in identifying mental health concerns and should have an awareness of signs and symptoms.

If there is a team concern, Equality, Diversity and Inclusion Team, Health and Wellbeing Team, Occupational Health Service, Human Resources or Learning and Development can be contacted for support.

Colleagues can self-refer to the VIVUP employee assistance programme telephone counselling and website resources and self-help materials EAP, if required EAP will redirect for face-to-face counselling. Colleagues can also self-refer to Remploy Mental Health at Work Support Scheme or contact with the assistance of OH, HR or trade union rep.

Colleagues can also self-refer to Occupational Health led therapies, which can support their health at work and work on health such as:

- Physiotherapy
- Proactive work with anxiety, panic attacks.
- Lifestyle check to gain a base line data and signpost to initiatives that will improve physical health which research has shown will also improve mental health.

Resilience training is delivered on the Preceptorship programme, and we also have a Resilience Soundbite that we can deliver to teams. For further information please read the Leadership Prospectus on the [Hive](https://extranet.dbth.nhs.uk/dbth-leadership-prospectus-2023-24/). <https://extranet.dbth.nhs.uk/dbth-leadership-prospectus-2023-24/> (PNAs)

The Boorman Report recognised that common health conditions such as MSK disorders and mental health conditions are responsive to early, effective intervention, enabling colleagues to return to work quickly and benefiting the individual, the Trust and patient care, Boorman recommended nationally agreed service standards for early intervention.

### 4.3 Interventions

DBTH must ensure compliance with relevant Health & Safety legislation. This includes a statutory duty on employers under the Management of Health and Safety Regulations, to undertake physical and mental health (stress) risk assessments. Where there is an identified need, a local or employee specific risk assessment may be undertaken with any resulting findings actioned (link to RA). DBTH must ensure compliance with the Equality Act 2010, which provides protection for employees against unlawful discrimination.

If a colleague does not wish to discuss their health with their manager an appropriate alternative competent person can be identified. Access support from Equality, Diversity and Inclusion and Health and Wellbeing Team and Occupational Health and /or Human Resources if in any doubt about what to do about a mental health related issue. Colleagues should not ignore such issues if they have a concern related to health such as stress or the mental wellbeing of an individual.

The Trust has a range of flexible working arrangements and advice can be sought from HR and Trade Union Staff Side representatives. In addition, colleagues can also refer to the mediation procedure if there are relationship problems within the workplace.

Manager and self-referrals are both accepted by OHS for both physical and mental health issues. Refer colleagues with mental health problems to Occupational Health as soon as it is identified.

## 5 TRAINING/SUPPORT

Information to support the application of this policy guidance is available on the [HIVE](#) Human Resources, Occupational Health, and Health and Safety

Training is available for colleagues including menopause support,

## 6 DEFINITIONS

The World Health Organisation (WHO) (date) define health as:

*“a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”*

The WHO (2022) define mental health as:

*“A state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development.*

*Mental health is more than the absence of mental disorders. It exists on a complex continuum, which is experienced differently from one person to the next, with varying degrees of difficulty and distress and potentially very different social and clinical outcomes.*

*Mental health conditions include mental disorders and psychosocial disabilities as well as other mental states associated with significant distress, impairment in functioning, or risk of self-harm. People with mental health conditions are more likely to experience lower levels of mental well-being, but this is not always or necessarily the case.*

## 7 EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Equality, Diversity and Inclusion Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible, remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified.

## 8 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

- [CORP/EMP 1](#) – Sickness Absence Policy
- [CORP/EMP 47](#) – Special Leave Policy (Incorporating Carer’s and Emergency Leave)
- [CORP/EMP 48](#) – Flexible Working Policy
- [CORP/EMP 57](#) – Reasonable Adjustments Policy

## 9 DATA PROTECTION

Any personal data processing associated with this policy will be carried out under ‘Current data protection legislation’ as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:

<https://www.dbth.nhs.uk/about-us/our-publications/information-governance/>

## 10 REFERENCES

Department of Constitutional Affairs Mental Capacity Act (2005): Code of Practice, 2007  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/497253/Mental-capacity-act-code-of-practice.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf)

## APPENDIX 1 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	Division	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Occupation Services	People & Organisational Development	Gavin Portier/Michael Shanaghey	Existing Policy	February 2024
<b>1) Who is responsible for this policy?</b> People & Organizational Development				
<b>2) Describe the purpose of the service / function / policy / project/ strategy?</b> Benefits across the Trust, Supporting the health and wellbeing of the Trust				
<b>3) Are there any associated objectives?</b> SEQOSH				
<b>4) What factors contribute or detract from achieving intended outcomes?</b> None				
<b>5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief?</b> No				
<ul style="list-style-type: none"> <li>• <b>If yes, please describe current or planned activities to address the impact</b></li> </ul>				
<b>6) Is there any scope for new measures which would promote equality?</b> none				
<b>7) Are any of the following groups adversely affected by the policy?</b>				
<b>Protected Characteristics</b>	<b>Affected?</b>	<b>Impact</b>		
a) Age	No			
b) Disability	No			
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	No			
<b>8) Provide the Equality Rating of the service / function / policy / project / strategy – tick (✓) outcome box</b>				
<b>Outcome 1</b> ✓	<b>Outcome 2</b>	<b>Outcome 3</b>	<b>Outcome 4</b>	
<i>*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form – see CORP/EMP 27.</i>				
<b>Date for next review:</b>		<b>December 2026</b>		
<b>Checked by:</b>		<b>Adam Evans</b>	<b>Date: May 2024</b>	